

FIPS 201 Evaluation Program Login Request

ORGANIZATION:

Name:	
Address:	
City:	
State:	
Zip Code:	
Fax number:	
Phone #:	

CONTACT PERSON (user login requested for):

Name/Title:	
Address:	
City:	
State:	
Zip Code:	
Fax number:	
Office Phone:	
Alternative Phone:	
Email Address:	

PRODUCT (select at least one category):

Name:		
Category: Circle one:	Card Electrical Personalization Card Graphical Personalization Single Fingerprint Scanner Card Reader Authentication Key Card Reader Biometric Card Reader CHUID (Contact) Card Reader CHUID (Contactless) Cryptographic Modules Electromagnetically Opaque Sleeve Facial Image Capturing (Middleware)	Facial Image Capturing Station Fingerprint Capture Stations OCSP Responders PIV Card PIV Card Delivery PIV Card Printer Station PIV Middleware SSP Template Generator Template Matcher

If your product/service does not fit into one of the above categories, the product does not need to be evaluated by the FIPS201 Evaluation Program to be purchased by Agency.

I hereby claim that I am authorized to sign this form on behalf of <Organization Name> _____, and that the contact person listed above is authorized to engage in application and maintenance transactions with the Evaluation Program on behalf of above organization.

Name: _____

Title: _____

Must be "C" level or above (CFO, CEO, COO, CIO, ...) or President, Vice President

Signature: _____ Date: _____